

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 9, 1989	Applicant Identifier																					
		3. DATE RECEIVED BY STATE N/A	State Application Identifier N/A																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier V005934-01																					
5. APPLICANT INFORMATION																								
Legal Name Michigan Department of Natural Resources		Organizational Unit Environmental Response Division																						
Address (give city, county, state, and zip code) Ingham County P.O. Box 30028 Lansing, MI 48909		Name and telephone number of the person to be contacted on matters involving this application (give area code) Brady Boyce 517 -373 - 8448																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3 8 - 6 0 0 0 1 3 4 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) A																						
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision Revision, enter appropriate letter(s) in box(es). A C A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify): _____		A State H Independent School Dist B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 6 - 8 0 2 </div> TITLE: Superfund		9. NAME OF FEDERAL AGENCY: U.S. EPA																						
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Bronson, Michigan Branch County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: North Bronson Industrial Area Remedial Investigation and Feasibility Study (Phase II)																						
13. PROPOSED PROJECT: Start Date Ending Date 06/01/87 12/31/91		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project Statewide 4th																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a Federal</td> <td style="width:10%;">\$</td> <td style="width:70%;">\$650,000 .00</td> </tr> <tr> <td>b Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g TOTAL</td> <td>\$</td> <td>\$650,000 .00</td> </tr> </table>		a Federal	\$	\$650,000 .00	b Applicant	\$.00	c State	\$.00	d Local	\$.00	e Other	\$.00	f Program Income	\$.00	g TOTAL	\$	\$650,000 .00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>June 13, 1989</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a Federal	\$	\$650,000 .00																						
b Applicant	\$.00																						
c State	\$.00																						
d Local	\$.00																						
e Other	\$.00																						
f Program Income	\$.00																						
g TOTAL	\$	\$650,000 .00																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
a Typed Name of Authorized Representative Delbert Rector		b Title Deputy Director	c Telephone number 517-373-7917																					
d Signature of Authorized Representative 		e Date Signed																						

EPA Region 5 Records Ctr.



274122

APPLICATION FOR FEDERAL ASSISTANCE (Short Form)
PART II - BUDGET DATA

<u>OBJECT CLASS CATEGORIES</u>	<u>CURRENT APPROVED BUDGET</u> (a)	<u>CHANGE REQUESTED</u> (b)	<u>NEW OR REVISED BUDGET</u> (c)
1. PERSONNEL	\$85,631	-0-	\$85,631
2. FRINGE BENEFITS	\$26,717	-0-	\$26,717
3. TRAVEL	\$16,475	-0-	\$16,475
4. EQUIPMENT	-0-	-0-	-0-
5. SUPPLIES	\$5,000	-0-	\$5,000
6. CONTRACTUAL	\$570,673	\$650,000	\$1,220,673
7. CONTRSUCTION	-0-	-0-	-0-
8. OTHER	\$25,000	-0-	\$25,000
9. TOTAL DIRECT CHARGES	\$729,496	\$650,000	\$1,379,496
10. INDIRECT CHARGES	\$20,504	-0-	\$20,504
11. TOTAL	\$750,000	\$650,000	\$1,400,000
12. FEDERAL SHARE	\$750,000	\$650,000	\$1,400,000
13. NON-FEDERAL SHARE			
14. PROGRAM INCOME			

15. DETAIL ON INDIRECT COSTS:

TYPE OF RATE (mark one box)

☐ PROVISIONAL☐ PREDETERMINED☒ FINAL☐ FIXEDRATE 16.48 % BASE \$ 112,000 TOTAL AMOUNT \$ 18,500

PART III
Program Narrative Statement
(Attach additional sheets, if necessary)

North Bronson Industrial Area

Phase II Remedial Investigation/Feasibility Study. See enclosed Scope of Work.